

# CLAIMS ONLY

SERIAL NO.	FILING DATE
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APPLICANT(S)	
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## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
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49						
50						
TOTAL IND.	3		↓			↓
TOTAL DEP.	6	↔		↔		↔
TOTAL CLAIMS	9	↓	↓	↓	↓	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↓	↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS